

Printed 07/09/1999

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO
09/090,071	06/03/1998	345	2774	60.115344

APPLICANT
ROBIN MIHEKUM MILLER, ELLINGTON, CONNECTICUT.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

FOREIGN FILING LICENSE GRANTED 06/18/1998

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes O no O yes O no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	_____	CT	2	16	3
Examiner's Name	Initials				

ADDRESS
~~THEODORE W OLDS~~
~~HOWARD & HOWARD~~
~~1400 NORTH WOODWARD AVE SUITE 101~~
~~BLOOMFIELD HILLS, MI 48304-2856~~
Brooks & Kushman P.C.
1000 Town Center, Twenty-Second Floor
Southfield, MI 48075

TITLE
HEADS-UP DISPLAY WITH IMPROVED CONTRAST

FILING FEE RECEIVED \$**790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	O All Fees O 1.16 Fees (Filing) O 1.17 Fees (Processing Ext. of Time) O 1.18 Fees (Issue) O Other _____ O Credit
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SERIAL NUMBER 09/090,071	FILING DATE 06/03/98	CLASS 345	GROUP ART UNIT 2774	ATTORNEY DOCKET NO. 60.115344
APPLICANT ROBIN MIHEKUM MILLER, ELLINGTON, CT.				
CONTINUING DOMESTIC DATA*** VERIFIED _____				
371 (NAT'L STAGE) DATA*** VERIFIED _____				
FOREIGN APPLICATIONS*** VERIFIED _____				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/18/98				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CT	SHEETS DRAWING 2	TOTAL CLAIMS 16
Verified and Acknowledged Examiner's Initials _____ Initials _____		INDEPENDENT CLAIMS 3		
ADDRESS BROOKS & KUSHMAN P.C. 1000 TOWN CENTER, TWENTY-SECOND FLOOR SOUTHFIELD MI 48075 PHONE: (248) 358-4400				
TITLE HEADS-UP DISPLAY WITH IMPROVED CONTRAST				
FILING FEE RECEIVED \$790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	